UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION						0FGS FILE NO. P1407(4 - (45			
As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
APPARATUS AND METHOD FOR ALIGNMENT OF A BONDING TOOL									
the specification of which is attached hereto, unless the following box is checked:									
was filed on as United States patent Application Number or PCT International patent									
application number and was amended on (if any).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.									
I acknowledge the duty to disclose	all information known to	o be material to	o patentability ii	n accordance	with Title 3	37, Code of Federal Reg	ulations,		
§1.56. I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:									
Prior Foreign or Provisional Application(s)									
COUNTRY	APPLICATION			DATE OF (day, mon			CLAIMED U.S.C. 119		
						YES NO) 		
		<u> </u>				YES NO) ——		
						YES NO			
I hereby claim the benefit under Tit									
each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal									
Regulations, §1.56 which became avai									
application.		oute of the pri	or approance a				1 1113		
UNITED STATES APPLICATION NUMBER		DATE OF FIL (day, month, y			(r	STATUS patented, pending, aband	loned)		
•		(,,,,)	<u>/</u>		V		<u> </u>		
I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner – Reg. No.									
18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all									
correspondence.									
SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN, LLP DIRECT TELEPHONE CALLS TO:									
1180 AVENUE OF THE AMERICAS (212) 382-0700 NEW YORK, NEW YORK 10036-8403									
CUSTOMER NO. 2352									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be									
true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or									
imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
FULL NAME OF SOLE OR FIRST INVENTO)R	INVENTOR'S	SIGNATURE			DATE	_		
Lai Wa Helen CHAN		-#	elen Ch	an	1	23 Nov 2 OF CITIZENSHIP	003.		
RESIDENCE (City and either State or For		T							
Kwai Chung, Hong	Kong, China	SAR		_	Austi	calia			
post office address 20/F., Watson Cen	tre 16-22	Kuna V	in St	Kwai	Chung	Hong Kone	,		
China SAR	cre, 10-22	Rung 1	ıp sc.,	Kwai	Ciruing	, hong kong	,		
FULL NAME OF SECOND JOINT INVENTO)R (IF ANY)	INVENTOR'S	SIGNATURE	11.11	T	DATE			
Siu Hong CHOY			Attento	2Mg-	.	1 Dec 2	003		
RESIDENCE (City and either State or For		- CAD		•		OF CITIZENSHIP	- CAD		
Kwai Chung, Hong POST OFFICE ADDRESS	kong, China	SAR			нопд	Kong, Chin	a DAK		
	20/F., Watson Centre, 16-22 Kung Yip St., Kwai Chung, Hong Kong,								
China SAR	, 10 22		-p 50.,	MUL	ciruing	, mong kong	′		

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COMBINED DECLARATION AND	0FGS FILE NO. P1407(0-(15							
COUNTRY	APPLICATION NUMBER	DATE OF FILIT (day, month, yea						
				YES NO				
				YES NO				
				YES NO				
				YES NO				
				YES NO				
				YES NO				
				YES NO				
		-		YES NO				
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	· ·			YES NO				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
FULL NAME OF THIRD JOINT INVENTOR, Chou Kee Peter LII	INVENTOR'S SIGNATURE		2003/11/26					
RESIDENCE (City and either State or Fore Kwai Chung, Hong I	•	,	Country of Citizenship Canada					
POST OFFICE ADDRESS 20/F., Watson Centre, 16-22 Kung Yip St., Kwai Chung, Hong Kong, China SAR								
FULL NAME OF FOURTH JOINT INVENTOR Ming Wai Kelvin NO	3	INVENTOR'S SIGNATURE	le.	DATE 26 Nov 2003 OF CITIZENSHIP				
RESIDENCE (City and either State or Fore Kwai Chung, Hong I				ralia				
POST OFFICE ADDRESS 20/F., Watson Centre, 16-22 Kung Yip St., Kwai Chung, Hong Kong, China SAR								
FULL NAME OF FIFTH JOINT INVENTOR, I YUK Cheung AU	IF ANY	INVENTOR'S SIGNATURE		Ah Nov, 2003				
RESIDENCE (City and either State or Fore Kwai Chung, Hong I		Hong	OF CITIZENSHIP Kong, China SAR					
POST OFFICE ADDRESS 20/F., Watson Centre, 16-22 Kung Yip St., Kwai Chung, Hong Kong, China SAR								
FULL NAME OF SIXTH JOINT INVENTOR,	IF ANY	INVENTOR'S SIGNATURE	-	DATE				
RESIDENCE (City and either State or Foreign Country)				COUNTRY OF CITIZENSHIP				
POST OFFICE ADDRESS			<u> </u>					